

Kentucky Department of Financial Institutions  
1025 Capital Center Drive, Suite 200  
Frankfort, Kentucky 40601

**BRANCH AUTHORIZATION FORM**

*(To be completed by APPLICANT)*

\_\_\_\_\_ is applying for the registration of one or more branch offices pursuant to The Mortgage Loan Company and Loan Broker Act, Kentucky Financial Services Code Chapter 286.8 of the Kentucky Revised Statutes at the following location(s) (please attach list, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant, hereby states, by and through its authorized representative, \_\_\_\_\_, that the licensed principal office located at: \_\_\_\_\_ shall be fully responsible for the control, management, supervision, and actions of the branch referenced herein and its personnel. Control, management, and supervision shall include, at a minimum, implementing adequate procedures and controls to ensure that the branch is operating in a competent and lawful manner and conducting regular and ongoing reviews of employee performance and of work performed by the branch.

Applicant further states that the principal office referenced herein shall be fully responsible for communicating with the department on all licensing, examination, and enforcement matters involving the branch office referenced herein and shall further ensure that all branch personnel are adequately trained, supervised, and competent to perform their assigned duties.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Authorized Representative of Applicant

Print Name:

Title:

STATEMENT OF AUTHORIZATION

I, \_\_\_\_\_, state on behalf of \_\_\_\_\_, Applicant, that I have read the foregoing Branch Authorization Form; that I know and fully understand its contents; that I am authorized to enter into and execute this Form on behalf of Applicant, that Applicant agrees freely and without threat of coercion of any kind to comply with the terms and conditions stated herein; and that Applicant voluntarily agrees to accept and abide by the terms and conditions stated herein as an express condition to receiving approval to register the branch referenced herein.

By: \_\_\_\_\_  
Authorized Representative of Applicant  
Print Name:  
Title:

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_)  
COUNTY OF \_\_\_\_\_ )

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, \_\_\_\_\_, did personally appear and acknowledge himself/herself to be an authorized representative of Applicant, and that s/he, being authorized to do so, entered into and executed the foregoing instrument for the purposes therein contained.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
Notary Public  
Date Commission Expires:

Issue Date 8/08